



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 W. Peachtree Street Atlanta, GA 30367	Application Number <b>81-368</b>	
Application Number		Date Received <b>JUL 13 1981</b>	Date Completed <b>JUL 22 1981</b>
2. Person to Contact Marsha Penn - Georgia Medical Care Foundation		Working Title	Telephone Number 881-5611
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>310-A</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input checked="" type="checkbox"/> Void <u>310-A</u> ACCESS THRU MEDICAID & FOUNDATION PERSONNEL ONLY			
4. Dates of Series Earliest <u>01-81</u> Latest <u>Present</u>		5. Records Series Title (followed by title used in office, if different) <u>Nursing Home Deceased Patient File</u>	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Management Division is responsible for determining, through the interpretation of Federal and State guidelines, the services needed for formulating, developing and planning the policies that govern the reimbursement for services rendered by Medicaid providers. This is accomplished by formulating the enrollment and recipient policy, examining claims inquiry, and coordinating with the provider associations and professional organizations in each of the sixteen (16) program areas within the Medicaid Program. The Georgia Medical Care Foundation, under contract to DMA, provides professional Medical review of Nursing Homes, Hospitals, Physicians, and Home Health Agencies regarding facility performance, quality of Medical and Social services provided, and proper level of care for patients.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Maintaining records of Nursing Home patient deaths and changes in level of care.  Included but not limited to are: DMA-6, Physician's recommendation for Skilled Nursing Home Care; Medical evaluation information concerning changes in patients level of Nursing Home Care (SNF, ICF, ICMR); and related correspondence.  File is arranged: Alphabetically by patient			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>4</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>38</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 205.50 Confidential client information
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? See below
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |                      |                                   |                      |
|--------------------------|----------------------|-----------------------------------|----------------------|
| a. State Law             | _____ 3 _____ years. | d. Audit period                   | _____ years.         |
| b. Statute of limitation | _____ years.         | e. Administrative need            | _____ 4 _____ years. |
| c. Federal law           | _____ 3 _____ years. | f. Federal retention instructions | _____ years.         |

Attach copy or excerpt of laws or regulations. Explain administrative need.

See Attached Page

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Semi-Annually then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☒ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 4 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Official Copy - Maintained by Foundation in Accordance with above retention requirements.

Office or Reference Copy - Maintained by Medicaid, this file includes patient appeals regarding changes in levels of care. File will be cut off at the end of each calendar year, held in current files area one calendar year, then destroyed.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Karl E. Horne	6/30/81	Paul T. Murphy	7/1/81
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
State Auditor/Designee		[Signature]	7-21-81
Secretary of State/Designee		Carroll Hart	7-20-81
Attorney General/Designee		[Signature]	7-21-81

Application for  
RECORDS DISPOSITION STANDARD

Feb. 13, 1975

THE-BSP-13

See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.

FOR RECORDS MANAGEMENT DIVISION USE

Date Received

Application No.

Date Completed

MAR - 4 1975

310-A

APR - 9 1975

1. Name of Department or Administrator &amp; Administering Office Address

Dept. of Human Resources  
Division of Benefits Payments  
Medicaid Section

47 Trinity Ave., Rm. 622-H Atlanta, Ga.

4. Person to Contact

Joe Kimbrough

5. Working Title

Staff Supervisor

6. Tel. No.

656-4700

## ACTION REQUESTED

ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE.DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.2. Earliest & Latest  
Dates of Series  
1970 to present

9. Exact Series Title

MEDICAID NURSING HOME

To Amend Standard #310  
FINANCIAL REPORT FILES

3. What is the function of the office in which this record series is created?

The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.

Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.

4. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining annual financial statements of payments made to <sup>medicaid</sup> vendor nursing homes and to clarifying cost adjustments (supplementary or refunded payments) to the financial statements.

Included are, but not limited to: Statement for Recipients of Medical and Health Care Payments (Internal Revenue Service Form 1099-MED, Copy C) identifying total annual amount of Medicaid dollars paid for medical and health care payments to nursing homes, nursing home name, address and Medicaid identification number; correspondence between nursing home and Medicaid Office relating to questions and adjustments to medicaid claims; supporting documents for authorization of medicaid assistance such as "Physicans's Recommendation

SEE ATTACHED SHEET

ATTACH SAMPLES OF THE FILE

2. EQUIPMENT REQUIRED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				6 15" Drwrs.	6
			Floor Space Occupied (Square Feet)	In Office	In Storage Area
15" Power File Drawers		15		This Year's	Last Year's
			AVERAGE DAILY REFERENCES	Preceding Year's	All Prior Years
				1	1
				1	1
				1	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?<br>Selected information will be found in other Medicaid record series.       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24.    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 4 years:

a. <input type="checkbox"/> STATE LAW	b. <input type="checkbox"/> STATUTE OF LIMITATION	c. <input type="checkbox"/> AUDIT PERIOD	d. <input type="checkbox"/> FEDERAL LAW	e. <input checked="" type="checkbox"/> ADMINISTRATIVE DECISION	f. <input type="checkbox"/> HISTORICAL VALUE
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(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER \_\_\_\_\_, then:
- ☒ Hold in the current files area 6 month(s)/ \_\_\_\_\_ year(s);
  - ☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 34 year(s);
  - ☒ Destroy. NOTE: These files may not be destroyed until all audit questions are resolved.
  - ☐ Transfer to State Archives for permanent retention.
  - ☐ Destroy immediately after cut-off.
  - ☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <u>William H. Gees</u> Date <u>Feb 29 1975</u>		OTHER REQUIRED SIGNATURES		DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee	<u>[X] Approved</u> <u>[ ] Disapproved</u>	<u>[Signature]</u>	<u>5-17-75</u>
	State Auditor/Designee	<u>[X] Approved</u> <u>[ ] Disapproved</u>	<u>[Signature]</u>	<u>4-8-75</u>
	Secretary of State/Designee	<u>[X] Approved</u> <u>[ ] Disapproved</u>	<u>[Signature]</u>	<u>4-4-75</u>
	Attorney General/Designee	<u>[X] Approved</u> <u>[ ] Disapproved</u>	<u>[Signature]</u>	<u>4-9-75</u>

STATE RECORDS COMMITTEE



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date <b>10/24/72</b>		2. Agency Application No. <b>DHR-56</b>		3. VMD RECORDS MANAGEMENT DIVISION USE Date Received: <b>NOV 15 1972</b> Application No.: <b>310</b> Date Completed: <b>NOV 28 1972</b>	
4. INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.				5. Person to Contact <b>Glen A. Spurlock</b>	
6. AGENCY, Division, Subdivision & Administering Office Address <b>Department of Human Resources Medicaid Unit Room 641-H 47 Trinity Avenue Atlanta, Georgia 30334</b>				7. Working Title <b>Records Officer I</b>	
				8. <b>656-1976</b>	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series <b>1967-date</b>	9. Exact Series Title <b>Nursing Home Medicaid Cost Files</b>
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10. What is the function of the office in which this record series is created?

The medicaid unit processes for payment to state physicians, hospitals, rental agencies, ambulance services, nursing homes and home health agencies medicaid claims filed for reimbursement for services rendered to welfare recipients of the State of Georgia and to pass on valid claims to the accounting office for payment.

*Amended*

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

These files document the expenses incurred by the nursing home that are reimbursable through medicaid. The file includes, but is not limited to:

1. cost statements
2. financial statements
3. application for participation in the Georgia medicaid program.
4. civil rights participation instructions
5. safety instructions

The files are arranged alphabetically by Nursing Homes.

## ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records			
				In Office		In Storage Areas	
Letter-size File Drawers				3			
Legal-size File Drawers			Floor Space Occupied (Square Feet)	28			
Transfer boxes	2	3	AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years
				24	24	1	0

QUESTIONNAIRE Please an "x" in the proper column. If answer is "YES," please explain

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 45 CFR 901.4  |                                     |                                     |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 3-5 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☒ FEDERAL LAW    e. ☐ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☒ FISCAL YEAR ☐ OTHER \_\_\_\_\_, then:

- ☒ Hold in the current files area \_\_\_\_\_ month(s)/1 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 2 year(s): If  
☒ Destroy. \_\_\_\_\_ audited; if not, hold for 4 years.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

*Jack R. Moore*

Records Management Officer (Signature) <i>Alan A. Spauloch</i>	Date <i>10/24/72</i>	OTHER REQUIRED SIGNATURES	DATE
Recommendations in paragraph 25 are:	Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Alison C. Lachey</i>	<i>26 Oct 72</i>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>11-15-72</i>
STATE RECORDS COMMITTEE	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll West</i>	<i>11-14-72</i>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert H. Huel</i>	<i>11-22-72</i>